

## Requirements for Provider Type 08 - FOHC

### Specialty Code

Please choose from the following for specialty and code:

080 – Federally Qualified Health Center

### Provider Eligibility Program (PEPs)

Please choose the appropriate PEP(s) from the following:

- Fee-For-Service
- Pennsylvania Department of Aging Waiver and Bridge Program
- Michael Dallas Waiver
- COMMCARE Waiver
- AIDS Waiver
- MR Base Program

### Additional Required Documents for FOHC:

The following documents and supporting information are required by the Bureau of Fee-For-Service Programs to enroll your facility as a provider:

- Completed Provider Enrollment Application
- Signed Federally Qualified Healthcare Provider Agreement
- Completed “Ownership or Control Interest” form
- Copy of document generated by the Federal IRS that shows both name and tax ID of entity applying for enrollment
- A copy of the Corporation papers issued by the Department of State Corporation Bureau
- Out of state providers- proof of home state Medicaid participation.
- Copy of HRSA grant letter (or HRSA Look-Alike designation letter)
- Copy of Fee Schedule charged to private patients and all third party payers.
- Copies of any contracts or agreements between the clinic and all licensed practitioners of all types relating to services provided by the clinic; as well as a statement indicating which practitioners, if any, are salaried to provide services outside the clinic.
- A statement signed by the Medical Director (licensed physician enrolled with PA Medicaid) indicating their affiliation with the clinic.
- A copy of the Medical Director’s license
- The Medical Director’s 13-digit PROMISE provider number

### Submit the application and supporting documents to:

DHS Provider Enrollment  
PO Box 8045  
Harrisburg, PA 17105-8045

- or -

Fax: (717) 265-8284

- or -

Email: [RA-ProvApp@pa.gov](mailto:RA-ProvApp@pa.gov)